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Application Number	09/328,742
Filing Date	June 6, 1999
First Named Inventor	Alexandros Makriyannis
Title	Inhibitors of the Anandamide Transporter as Analgesic Agents
Group Art Unit	1616
Examiner Name	Pryor, Alton Nathaniel
Attorney Docket Number	UCONAP/141/US

ENCLOSURES								
\boxtimes	Response to Office	∋ Action	\boxtimes	Request for 0 \$405.00 fee	Continuing	Examination w	ith	
\boxtimes	Copy of Declaration filed with 08/15/06 Response to Office Action			Postcard refle	ecting encl	osures		
	A filing fee for extra	a claims is calculated b	below:					
	No. of Claims Remaining After Amendment	Highest No. of Claims Previously Paid For	Fee For Sma	all Entity	Fee For Large	e Entity		
		`		Rate	<u>Fee</u>	Rate	<u>Fee</u>	
Total Indep.	First Presentation o	f Multiple Dependent (Claims	X \$25 = X \$105 = + \$185 = TOTAL =		X \$50 = X \$210 = + \$370 = TOTAL =	\$	
It is hereby petitioned that any required extension of time be granted for filing the amendment. An extension of month(s) having a fee of \$ appears required.								
A check in the amount of \$ 960.00 is attached. Please credit any overpayment to Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.								
The Commissioner is hereby requested and authorized to charge Deposit Account 16-2563 of Alix, Yale & Ristas, LLP for any fee, not enclosed herewith, due for any reason in connection with the amendment or this or any other document accompanying the amendment, including (a) any filing fees under 37 CFR 1.16 for the presentation of extra claims and (b) any patent application processing fees under 37 CFR 1.17. A duplicate copy of this sheet is attached.								
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT								
Firm <i>or</i> Individua Signatua		Alexander F. Andrews	Reg. N	lo	62,205			
Date		December 1, 2008	Attorno	ey's Docket No.	UC	CONAP/141/US		
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Typed or Printed Name Alexander E. Andrews	Reg. No	62,205
Signature Signature	Date:	December 1, 2008

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	No. of Claims Highest No. of No. of Extra Remaining After Claims Previously Amendment Paid For Claims			Fee For Small Entity Fee For Large				e Entity		
						<u>Rate</u>	<u>Fee</u>		<u>Rate</u>	<u>Fee</u>
Total Indep.	It is hereby petitions	f Multiple Dependent C ed that any required ex	tension					ame		\$
An extension of 3 month(s) having a fee of \$ 555.00 appears required. A check in the amount of \$ 960.00 is attached. Please credit any overpayment to Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.										
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